

**DOMESTIC
LIMITED LIABILITY COMPANY**

STATE OF MAINE

**ARTICLES OF ORGANIZATION OF
LIMITED LIABILITY COMPANY**

(Mark box only if applicable)

☐ This is a professional limited liability company** formed pursuant to **13 MRSA Chapter 22-A** to provide the following professional services:

(type of professional services)

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

Pursuant to **31 MRSA §622**, the undersigned executes and delivers the following Articles of Organization of Limited Liability Company:

FIRST: The name of the limited liability company is

(The name must contain one of the following: "Limited Liability Company", "L.L.C." or "LLC"; §603-A.1)

SECOND: The name of its Registered Agent, an individual Maine resident or a corporation, foreign or domestic, authorized to do business or carry on activities in Maine, and the address of the registered office shall be:

(name)

(physical location - street (not P.O. Box), city, state and zip code)

(mailing address if different from above)

THIRD: ("X" one box only)

- ☐ A. The management of the company is vested in a member or members.
- ☐ B. 1. The management of the company is vested in a manager or managers. The minimum number shall be _____ managers and the maximum number shall be _____ managers.
2. If the initial managers have been selected, the name and business, residence or mailing address of each manager is:

NAME

ADDRESS

_____	_____
_____	_____
_____	_____

☐ Names and addresses of additional managers are attached hereto as Exhibit ____, and made a part hereof.

FOURTH: Other provisions of these articles, if any, that the members determine to include are set forth in Exhibit ____ attached hereto and made a part hereof.

ORGANIZER(S)*

DATED _____

(signature)

(type or print name)

(signature)

(type or print name)

(signature)

(type or print name)

For Organizer(s) which are Entities

Name of Entity _____

By _____
(authorized signature)

(type or print name and capacity)

Name of Entity _____

By _____
(authorized signature)

(type or print name and capacity)

Name of Entity _____

By _____
(authorized signature)

(type or print name and capacity)

Acceptance of Appointment of Registered Agent

The undersigned hereby accepts the appointment as registered agent for the above-named limited liability company.

REGISTERED AGENT

DATED _____

(signature)

(type or print name)

For Registered Agent which is a Corporation

Name of Corporation _____

By _____
(authorized signature)

(type or print name and capacity)

Note: If the **registered agent does not sign**, Form MLLC-18 ([§607.2](#)) must accompany this document.

****Examples** of professional service corporations are accountants, attorneys, chiropractors, dentists, registered nurses and veterinarians. (This is not an inclusive list – see [13 MRSA §723.7](#).)

*Articles **MUST** be signed by:

- (1) **all organizers OR**
- (2) any duly authorized person.

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under [Title 17-A, section 453](#).

Please remit your payment made payable to the Maine Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**